



Cambridge Dental Hub



Love Your Smile

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Informed Consent for Tooth Extraction

RISKS:

There are some risks / complications, which include:

- (a) Patients should assume that there will always be pain and/or discomfort and/or swelling, and/or bruising. The duration will sometimes be for 2 weeks or even more.
- (b) Infection of the extraction socket (dry socket). This may cause some pain and discomfort, but is usually easily managed by the oral surgeon/ dentist.
- (c) Biting of the numb lip which may cause damage after the teeth have been removed. Children should be watched closely by your parent/ guardian until the numbness wears off.
- (d) In the case of lower teeth: Damage to the Inferior Dental Nerve on each side of the Mandible (lower jaw). This nerve passes very close to the root of the lower tooth (often in contact with it) and gives feeling to the lower teeth, lower lip and chin on that side. This nerve is very close to the area of surgery, with a slight risk of some damage to the nerve. This may cause numbness of the lower teeth, lower lip and chin. This may be temporary (6–12 months) or permanent.
- (e) In the case of lower teeth: Damage to the Lingual Nerve on each side of the Mandible (lower jaw). This nerve passes very close to the tongue side of the lower wisdom tooth and posterior mandibular teeth and gives feeling and taste to that side of the tongue. When this nerve is very close to the area of surgery, there is a slight risk of some damage to the nerve. This may cause numbness and loss of taste to that side of the tongue. This may be temporary (6–12 months) or permanent.
- (f) The tooth root tip may break off in small pieces when the tooth is taken out. The oral surgeon/ dentist may not remove those pieces if there is a chance that the nerves or other structures may be damaged during removal. When roots are left behind we will either keep them under observation and/or refer them to a specialist.
- (g) Damage to teeth growing tightly against the wisdom teeth during removal of the wisdom teeth.
- (h) Weakness of the jaw due to removal of the teeth. The jaw may break during the procedure or during the healing period.
- (i) If the upper teeth are close to the sinuses, removal may cause a hole between the mouth and the sinus. There is also the risk of damage to the maxillary tuberosity. This may need further surgery.
- (j) It is very important to understand that there are direct consequences if teeth are extracted and we strongly suggest that you read our leaflet called "Gaps and Spaces".
- (k) It is very important to read, understand and follow the post extraction treatment instructions. These will be given to you, and if you lose them or do not have them then it is essential that you ask for a copy. If you have any problems or questions then feel free to ask us (phone call after hours is fine too). Following the post treatment instructions is an essential way to prevent most of the complications associated with Tooth Extraction and Local Anaesthesia (Injections)

Options for treatment

The dentist has explained the alternatives to tooth extraction including fillings, Root Canal Treatment, crowns, implants, bridges, dentures and surgical intervention.

The dentist has explained the alternatives to tooth extraction including no treatment.

The dentist has explained the options for future treatment needs including crowns, implants, bridges, dentures and Root Canal Treatment. The Dentist has also explained the option of bone augmentation/grafting at the same time as extraction

PATIENT CONSENT: by my signature below, I expressly acknowledge that:

The dentist has explained the likely outcomes and possible complications of each alternative option.

The dentist has made leaflets and other relevant information available to me to help with my decision making.

The dentist has given me an opportunity to ask questions about any matters related to my treatment, raise any other concerns and given me the opportunity to postpone the treatment or seek a second opinion.

The dentist has also explained to me the options and complications related to restoring the gaps created by the extraction of teeth and the complications related each.

The dentist has also explained to me the options and complications related to leaving the gaps created by the extraction of teeth unrestored and the complications related to this option.

The dentist has discussed the option of a dental implant and the importance of preserving the socket bone.

The dentist has discussed the importance of not delaying implant treatment after an extraction

The dentist has discussed the option of bone augmentation/grafting being done at the same time as the tooth extraction, and how this will help to prevent bone loss which would be detrimental in the event of any subsequent implant treatment.

That I have decided not to have bone augmentation/grafting at this time.

The dentist has also explained the **importance of following the post Extraction instructions** and especially returning for a review after the extraction to discuss further treatment and/or management related to my Dentalcare.

The dentist has explained any significant risks and problems associated with extractions specific to me, and the likely outcomes if complications occur.

The dentist has explained the options for anaesthesia (local, sedation, general) and problems specific to each choice, and the likely outcomes if complications occur.

The dentist has explained the options for referral to a specialist Oral Surgeon for treatment or simply for a second opinion.

The dentist has explained the importance of following the post extraction leaflet instructions and any additional instructions that are given verbally.

The dentist has explained the importance of returning for a review appointment after the extraction, when the socket can be checked and future treatment option discussed.

The dentist has explained the options for waiting before I make my decision.

You have given us an up to date account of your medical and dental history, especially about and recent changes.

You understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The dentist has explained other relevant treatment options and their associated risks. The dentist has explained my prognosis and the risks of not having the procedure.

You were able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my treatment options. And that your questions and concerns have been discussed and answered to your complete satisfaction.

You understand that other dental procedures may be done if further dental disease is found during the procedure, or to correct other problems in my mouth. And that you understand that if teeth are removed during the dental treatment, that these may be retained for training purposes and then disposed of sensitively.

You understand that no guarantee has been made that the procedure will improve the condition, and may even make your condition worse.

I confirm that I am not taking, nor have ever taken any medication that includes Bisphosphates. This is very important as this particular medicine can cause complications after extractions that can involve hospital admissions.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE LISTED HEREIN (extraction)**

I realise that signing this does not oblige me to have all or any part of the treatment proposed, but is simply an acknowledgement of the fact that I am giving my informed consent if I decide to go ahead.

Name of Patient : _____

Date of Birth:- _____

Signature : _____

Date : _____